LOYALTY OATH

· V	N.A. CAN	NDIDATES WITH N Sections 876.05-87	O PARTY AFFIL! (6.10, Florida Statutes)	ATION	
	STATE OF FLORIDA		M	iami-Dade	COUNTY
Г		(PLEAS	SE PRINT)		
, [Duniel	M		Pearson	
citi: erel	First Name zen of the State of Florida and o by solemnly swear or affirm that	Middle Na of the United States I will support the C	of America,	Lest Name and a candidate for Juited States and of	r public office
		OATH OF	CANDIDAT		,
, _	Dan Pear	500	1, Fiorida Statutes)		
~ -	(PLEASE PRINT NAME AS YOU WISH	_	OT — NAME MAY NOT BE O		- ,,
111 6	candidate for the office of	ammissiane (office	<u>.</u>	, N/A	(circuit)
_	. I am a qualified	• • • • • • • • • • • • • • • • • • • •	Miami-Dade	County, F	
ON AN	ER PENALTIES OF PERJURY, I I DIDATE AND THAT THE FACTS	DECLARE THAT I H. STATED IN EACH A	AVE READ THE FO RE TRUE.	REGOING LOYALT	Y OATH AND OATH
	SIGN		Signatur	e of Candidate	<u> </u>
<u>}</u>	330 Marseille Dr Malling Address		(345)5 Day Phone	25-3385	(305)866-56 Fax Number
-	Mount Beach	F J State	33121 Zip Code	Cal	9701

FORM 1	ST	ATEME	NT OF	2000					
, A 7	FINAN	CIAL IN	TERESTS	S	_ , ,				
LAST NAME - FIRST NAME - MIDI Promison Dans Mailing ADDRESS: 1330 Marseille Michigani Beach	CHI	NAME OF REPORTING PERSON'S AGENCY: CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3): COCAL OFFICER STATE OFFICER CANDIDATE SPECIFIED STATE EMPLOYEE LIST OFFICE OR POSITION HELD OR SOUGHT:							
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR			Commissio	NET					
A FISCAL YEAR. PLEASE STATE BE DECEMBER 31, 2000 MANNER OF CALCULATING REPORT	ELOW WHETHER THIS S' OR RTABLE INTERESTS:	TATEMENT IS FOR SPECIFY TAX Y	THE PRECEDING TA EAR IF OTHER THAN	X YEAR EN I THE CALE	DING EITHER (check one): NDAR YEAR:				
PRIOR TO 2001, THE THRESHOLDS UES. BEGINNING IN 2001, THE LECT DOLLAR VALUES, WHICH REQUIRE MENT REFLECTS EITHER (check or COMPARATIVE (PERC	GISLATURE HAS ALLOWE ES FEWER CALCULATION	ED FILERS THE OP IS (see instructions t	TION OF USING REPO for further details). PL	ORTING TH EASE STAT	RESHOLDS THAT ARE ABSOLUTE				
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person] NAME OF SOURCE SOURCE'S DESCRIPTION OF THE SOURCE'S OF INCOME ADDRESS I PRINCIPAL BUSINESS ACTIVITY									
Cross Market M.					neational				
PART B – SECONDARY SOURCES OF INCOME [Major customers, clients, NAME OF NAME OF MAJOR SOURCES BUSINESS ENTITY OF BUSINESS'S INCOME		OURCES	and other sources of income to bus ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE				
				<u> </u>					
				E	IG INSTRUCTIONS for				
1330 Marseille	when	and where to file this form are d at the bottom of page 2.							
776 Seatch W	Dr. Miemi Jeny WistC								
				■ OTH	FR FORMS you may need to				

file are described on page 6.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] TYPE OF INTANGIBLE 1. BUSINESS ENTITY TO WHICH THE PROPERTY RELATES							
Stock		B- 11 Atlantic Corp					
Stock		Janns Fund					
Stack		Smith Barnery					
Stock		Espire Comm					
<u> </u>				 			
· -							
PART E — LIABILITIES [Major NAME OF CREE		ADDRESS OF CREDITOR					
Chase Manha	ttan Mortige	Now York NY					
	stibral Bunk	Mari Barra Fl					
BankBoriton	Mortiane	Boston MA					
	00						
PART E INTERESTS IN SPEC	TEIED BUSINESSES (Ownership or no	sitions in certain types of businesses]				
TART — IN CREOTO IN OF C	BUSINESS ENT		BUSINESS ENTITY # 2	BUSINESS ENTITY # 3			
NAME OF BUSINESS ENTITY	OTP	<u> </u>	Arcardia	,			
ADDRESS OF BUSINESS ENTITY	1071 715+		1556 Alton Rd				
PRINCIPAL BUSINESS ACTIVITY	Consalting		Real Estate				
POSITION HELD WITH ENTITY	Director		Partner,				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Closed 12/	3/ 2000 Until 4/2000		<u> </u>			
NATURE OF MY OWNERSHIP INTEREST			Financial				
	1						
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE							
SIGNATURE			DATE SIGNED:				

FILING INSTRUCTIONS:

WHAT TO FILE:

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

NOTE: MULTIPLE FILING UNNECES-SARY:

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

WHERE TO FILE:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

Local officers file with the Supervisor of Elections of the county in which you permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709.

Candidates file this form together with your qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

WHEN TO FILE:

9-7-01

initially, each local officer, state officer, and specified state employee must file within 30 days of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment each local officer, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.